



Delaware Insurance Department
841 Silver Lake Boulevard
Dover, Delaware 19904-2465

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER.

ALL COMPANIES CHOOSING TO PARTICIPATE IN ELECTRONIC FILING OF PREMIUM TAXES MUST COMPLETE AND RETURN THIS FORM.

If you have any questions, contact Mrs. Ann Fletcher, Tax Coordinator, at Ann.Fletcher@state.de.us.

If the company chooses to participate in electronic funds transfer for payment of premium taxes, this form must be completed and returned to (received by) the Delaware Insurance Department at the address shown **before** electronic filings can commence. Only those companies that return this completed form marked YES will be authorized to participate. Participating companies MUST follow the file setup instructions exactly.

Companies previously authorized do not need to return this form unless there is a change in filing status.

		Does this company wish to pay premium taxes electronically via ACH Credit?													
NAIC #	FEIN #	YES	NO												
		If YES, indicate anticipated setup date for \$.01 test:													
COMPANY NAME															
TAX MAILING ADDRESS		CONTACT PERSON													
Address															
		Contact Telephone #:													
City	State	Zip	Contact E-mail:												
X _____ SIGNATURE OF OFFICER DATE		DO NOT WRITE IN THIS SPACE													
_____ NAME AND TITLE (type or print)		<table border="1"> <tr><td colspan="2"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>													